January 2004 EMS Protocol Update

P-24 Transport to West Mesa Medical Center has been rescinded, as they are a full service hospital now.

A-4 Pediatric Croup and Epiglottitis has been updated. Implementation may occur as system providers are trained.

P-35 Infection Control is new

Pediatric Cardiac protocols have been edited to standardize pediatric drug dosing verbiage

Remember that several blank pages were removed in an effort to condense and optimize the document.

A-4 Pediatric Croup, Epiglottitis

Designation of Condition: When severe, patient will be stridorous and in respiratory distress. Remember to consider foreign body aspiration in your differential diagnosis. Watch for drooling (common in epiglottitis), and listen for a barking cough (common in croup).

Field Treatment:

- Keep patient comfortable and quiet with parent. No invasive procedures.
- Allow patient to assume position of comfort
- Administer cool humidified oxygen or nebulized saline.
- Transport ASAP
- Call ahead to receiving facility ASAP.
- If patient is in significant respiratory distress, and has audible stridor AT REST (i.e. when not crying), Administer one dose only of nebulized Epinephrine (1:1000): 0.05 mg/kg (maximum dose 3mg) in NS, to total volume 3cc. Contact MCEP if repeat dosing required.
- Monitor HR and respirations continuously.
- In the event of respiratory arrest or extremis:
- Provide positive pressure ventilation with BVM using 100% oxygen.
- If unable to adequately ventilate with BVM--Intubate. An ETT one-half size smaller than usual should be used. Have suction available and use cricoid pressure.

MCB	Passed	Implemented	Revised	Revision #	Implemented
Action	4/20/94	06/01/94	05/16/01 1	2 3	07/01/01 01/0
			0-03		1/03

P-34 Infection Control

Designation of Condition: Appropriate use of universal precautions to minimize the risk of disease transmission to providers and patients.

- Universal Infection control precautions will be utilized on all patients, as appropriate, per OSHA directives.
- Routine infection control precautions for potential contact with blood or infectious material include:
 - Hand hygiene
 - Eye protection
 - Gown
 - Gloves
- All patients with cough will be fitted with a surgical mask, and screened for possible SARS or TB infection (criteria is subject to change per CDC recommendations).
 - SARS screening test will help identify patients who are at increased risk of SARS infection. Patient will have cough or fever AND:
 - Has recently traveled (within 10 days) to East Asia (China, Hong Kong, Taiwan, Viet Nam, or Singapore). Or,
 - Has had recent contact (within 10 days) with a person infected with SARS.
 - TB screening test will help identify patients at increased risk of active TB infection. Patient has cough AND:
 - Has a known history of active TB
 - Is Homeless
 - Has diagnosis of AIDS
 - Has recently been in prison
 - Has lived in high endemic area
- Providers will wear N-95 respirator mask while caring for patients with positive SARS or TB screening
 exams. All secretions in these patients will be considered infectious. Notify receiving hospital ASAP to
 allow for early consideration of respiratory isolation.
- For endotracheal intubation, suctioning, and bag valve mask assisted ventilation, full face mask shield is required
- Hand washing before and after patient contact is imperative. If hands come in contact with blood or other bio-hazardous material, immediately wash with Cal Stat solution or equivalent
- All sharps will not be recapped, bent, or broken. They will be discarded intact immediately after use into an needle disposal box
- All blood spills and other biohazard spills will be cleaned up with Virex or equivalent
- All needle stick accidents, mucosal splashes or contamination of open wounds with blood or body fluids will be reported immediately per departmental policy
- Annual Influenza vaccine is strongly recommended for all EMTs.

MCB	Passed	Implemented	Revised	Revision #	Implemented
Action	12-17- 03	01-01-04			